DHC/LTW/

PTC/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

for FY 2005

Applicant claims small entity status. See 37 CFR 1.27

NOV 1 0 2008

TAY S TRADES OF

|                      | Complete if Known     |
|----------------------|-----------------------|
| Application Number   | 10/537,749            |
| Filing Date          | June 6, 2005          |
| First Named Inventor | Terry Wayne Lockridge |
| Examiner Name        | Junior O Mendoza      |
| Art Unit             | 2623                  |
| Attamay Docket No.   | PU020489              |

| TOTAL AMOUNT C                                   | F PAYMEN          | i   (\$) 1,620        |                    | Attorney Docket No.         | .   PU020489      | <b>.</b>                  |                     | / |
|--|-------------------|-----------------------|--------------------|-----------------------------|-------------------|---------------------------|---------------------|---|
| METHOD OF PAYMENT                                | (check all that a | oply)                 |                    |                             |                   |                           |                     | _ |
| ☐ Check ☐ Cr<br>Customer Number 2                | edit card         | ☐ Money Or            | der                | ☐ None                      | Other (           | please identify):         |                     |   |
| Deposit Accour                                   | nt: Deposit Ac    | count Number 07-0     | 1832               | Deposit Account I           | Name <sup>.</sup> | THOMSON LICENSI           | NGLIC               |   |
|  |                   |                       |                    | by authorized to: (che      |                   |                           | INC. LEW            |   |
|  |                   |                       |                    | · —                         | -                 |                           | t for the filing fe | е |
| . = •  | ` '               | al fee(s) or und      | erpayments of      |                             | • •               | •                         |                     |   |
| fee(s) under                                     | 37 CFR 1.1        | 6 and 1.17            | -                  |                             |                   |                           |                     |   |
| WARNING: Information<br>information and author   |                   |                       | lic. Credit card i | nformation should no        | t be included     | on this form. Provi       | de credit card      |   |
| mormation and author                             | ization on PT     | U-2036.               |                    |                             |                   |                           |                     |   |
| FEE CALCULATION                                  |                   | *****                 |                    |                             |                   |                           | -                   |   |
| 1. BASIC FILING, SE                              |                   |                       |                    |                             |                   |                           |                     |   |
|  | FILING F          | FEES Small Entity     | SEAR               | CH FEES Small Entity        | EXAMI             | NATION FEES<br>Small E    | ntitu               |   |
| Ammliantina Toma                                 | F (A)             |                       | F (0)              |                             | <b>5</b> (A)      |                           |                     |   |
| Application Type                                 | Fee (\$)          | Fee (\$)              | Fee (\$)           | <u>Fee (\$)</u>             | <u>Fee (\$)</u>   | <u>Fee (\$)</u>           | Fees Paid (\$)      |   |
| Utility  | 300               | 150                   | 500                | 250                         | 200               | 100                       |                     |   |
| Design   | 200               | 100                   | 100                | 50                          | 130               | 65                        |                     |   |
| Plant  | 200               | 100                   | 300                | 150                         | 160               | 80                        |                     |   |
| Reissue  | 300               | 150                   | 500                | 250                         | 600               | 300                       |                     |   |
| Provisional                                      | 200               | 100                   | 0                  | 0                           | 0                 | 0                         |                     |   |
| 2. EXCESS CLAIM F                                | EEĈ               |                       |                    |                             |                   | C                         |                     |   |
| Fee Description                                  | LLJ               |                       |                    |                             |                   | <u>Small E</u><br>ee (\$) | <u>Fee (\$)</u>     |   |
| Each claim over 20 (inclu                        | ıdina Daiseyas    | A                     |                    |                             | -                 | 50                        | 25                  |   |
| Each independent claim                           | _                 | •                     |                    |                             |                   | 200                       | 100                 |   |
| Multiple dependent claim                         | •                 | ilg (Veissues)        |                    |                             |                   | 360                       | 180                 |   |
| Total Claims                                     |                   | tra Claims            | Fee (\$)           | Fee Paid (\$)               |                   | /ultiple Depende          |                     |   |
|  | or HP =           | Y                     | 1 00 (0)           | =                           | _                 | ee (\$)                   | Fee Paid (\$)       |   |
| HP = highest number of                           |                   | d for, if greater tha | n 20.              |                             | -                 | 00 101                    | ree r ura (v)       |   |
| Independent Claims                               | Ex                | tra Claims            | Fee (\$)           | Fee Paid (\$)               | _                 |                           |                     |   |
|  | or HP =           | x                     |                    | =                           | •                 |                           |                     |   |
| HP = highest number of                           | independent cl    | aims paid for, if gre | ater than 3.       |                             |                   |                           |                     |   |
| 3. APPLICATION SIZ                               | E FEE             |                       |                    |                             |                   |                           |                     |   |
| If the specification and                         | d drawings ex     | xceed 100 sheets      | s of paper (exc    | luding electronically       | filed sequenc     | e or computer             |                     |   |
| listings under 37 CFR<br>sheets or fraction ther |                   |                       |                    |                             | ity) for each     | additional 50             |                     |   |
| Total Sheets                                     | Extra Sh          | eets Nur              | mber of each       | additional 50 or frac       | ction thereof     | Fee (\$)                  | Fee Paid (\$)       |   |
|  |                   |                       |                    |                             |                   |                           |                     |   |
| - 100 =  |                   | / 50 =                | (rou               | nd <b>up</b> to a whole nur | nber) x           | -                         | _ =                 |   |
| A OTHER SEE(C)                                   |                   |                       |                    |                             |                   |                           |                     |   |
| 4. OTHER FEE(S)                                  |                   |                       |                    |                             |                   |                           | Fees Paid (\$)      |   |
| Petition to revive an u                          | nintentionally    | apandoned app         | nication           |                             |                   |                           | 1,620               |   |
|  |                   |                       |                    |                             |                   |                           |                     |   |
|  |                   |                       |                    |                             |                   |                           |                     |   |
|  |                   |                       |                    |                             |                   | <del></del>               |                     | _ |

| SUBMITTED BY      |                  |                                      |        |           |                |
|-------------------|------------------|--------------------------------------|--------|-----------|----------------|
| Name (Print/Type) | Vincent E. Duffy | Registration No.<br>(Attorney/Agent) | 39,964 | Telephone | (818) 260-3727 |
| Signature         | View ?           | The                                  |        |           | Date: 11/06/08 |

This collection of information is required by 37 CFR 1.139. The information is equired to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application from to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Pattert and Tindemark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND TESS OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, the form, and 1-800-PTO-0199 and select option 2.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## **FEE TRANSMITTAL**

for FY 2005

Applicant claims small entity status. See 37 CFR 1.27

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| Application Number   | 10/537,749            |    |  |
| Filing Date          | June 6, 2005          |    |  |
| First Named Inventor | Terry Wayne Lockridge |    |  |
| Examiner Name        | Junior O Mendoza      |    |  |
| Art Unit             | 2623                  | `. |  |
| Attorney Docket No.  | PU020489              | -  |  |

|  |                             | 1 117                                  |                                   | <u> </u>                              | <del></del>         |                   |                       |
|--|-----------------------------|--|-----------------------------------|---------------------------------------|---------------------|-------------------|-----------------------|
| METHOD OF PAYMENT (                                    | check all that a            | epply)                                 |                                   | •                                     |                     | •                 |                       |
|  | edit card                   | ☐ Money Or                             | der                               | □ None                                | Other (ple          | ase identify):    |                       |
| Deposit Accoun   |                             | count Number 07-                       | 1832                              | Deposit Account I                     | Name <sup>.</sup> 1 | HOMSON LICENSI    | NGIIC                 |
|  |                             |  | <del></del>                       | eby authorized to: (che               | -                   |                   | NO ELO                |
|  | e(s) indica                 | ted below                              |                                   | ☐ Charge fee                          | e(s) indicated      | below, excep      | ot for the filing fee |
|  |                             | al fee(s) or und                       | lerpayments                       | of                                    | overpayment         | s                 |                       |
| fee(s) under 3<br>WARNING: Information                 | 37 CFR 1.                   | 16 and 1.17                            | dia Cradit aard                   | information about an                  | t ha included on    | this form Brown   | do cradit card        |
| information and authori                                | zation on Pl                | O-2038.                                | nic. Credit card                  | information should no                 | t be included on    | uns tonn. Provi   | ue creuk caru         |
| FEE CALCULATION  |                             |  |                                   |                                       |                     |                   |                       |
| 1. BASIC FILING, SE                                    |                             |  |                                   |                                       |                     |                   |                       |
|  | FILING                      | FEES Small Entity                      | SEA                               | RCH FEES Small Entity                 | EXAMINA             | TION FEES Small E | ntitv                 |
| Application Type                                       | Fee (\$)                    | Fee (\$)                               | Fee (\$)                          | Fee (\$)                              | Fee (\$)            | Fee (\$)          | Fees Paid (\$)        |
| Utility  | 300                         | 150                                    | 500                               | 250                                   | 200                 | 100               |                       |
| Design   | 200                         | 100                                    | 100                               | 50                                    | 130                 | 65                |                       |
| Plant  | 200                         | 100                                    | 300                               | 150                                   | 160                 | 80                |                       |
| Reissue  | 300                         | 150                                    | 500                               | 250                                   | 600                 | 300               |                       |
| Provisional  | 200                         | 100                                    | 0                                 | 0                                     | 0                   | 0                 |                       |
|  |                             | ,,,,                                   | ·                                 | -                                     | -                   |                   |                       |
| 2. EXCESS CLAIM FE                                     | EES                         |  |                                   |                                       | _                   | Small I           |                       |
| Fee Description  |                             |  |                                   |                                       |                     | <u>e (\$)</u>     | Fee (\$)              |
| Each claim over 20 (inclu                              | -                           | •                                      |                                   |                                       | 50<br>200           |                   | 25<br>100             |
| Each independent claim of<br>Multiple dependent claims |                             | ing Reissues)                          |                                   |                                       | 360                 |                   | 180                   |
| Total Claims   |                             | xtra Claims                            | Fee (\$)                          | Fee Paid (\$)                         |                     | iltiple Depend    |                       |
|  | or HP = _                   | x                                      |                                   | =                                     | Fe                  | e (\$)            | Fee Paid (\$)         |
| HP = highest number of to                              | otal claims pa              | id for, if greater tha                 | ın <del>20</del> .                |                                       |                     |                   |                       |
| Independent Claims                                     | E                           | xtra Claims                            | Fee (\$)                          | Fee Paid (\$)                         |                     |                   |                       |
|  | rHP= _                      | ×                                      |                                   | =                                     |                     |                   |                       |
| HP = highest number of in                              | ndependent o                | laims paid for, if gre                 | eater than 3.                     |                                       |                     |                   |                       |
| 3. APPLICATION SIZ                                     | E FEE                       |  |                                   |                                       |                     |                   | ,                     |
| If the specification and                               | -                           |  |                                   |                                       |                     |                   | •                     |
| listings under 37 CFR<br>sheets or fraction there      | 1.52(e)), th<br>eof. See 35 | e application size<br>U.S.C. 41(a)(1)( | e fee due is \$2<br>G) and 37 CFF | 50 (\$125 for small en:<br>R 1.16(s). | tity) for each ac   | Iditional 50      |                       |
| Total Sheets   | Extra SI                    |  |                                   | additional 50 or fra                  | ction thereof       | Fee (\$)          | Fee Paid (\$)         |
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|  |                             |  |                                   |                                       |                     |                   |                       |
| 4. OTHER FEE(S)  |                             |  |                                   |                                       |                     |                   | Fees Paid (\$)        |
| Petition to revive an ur                               | nintentional                | y abandoned ap <sub>l</sub>            | plication                         |                                       |                     |                   | 1,620                 |
|  |                             |  |                                   |                                       |                     |                   |                       |
|  |                             |  |                                   |                                       |                     |                   |                       |
|  |                             |  |                                   |                                       |                     |                   |                       |

| SUBMITTED BY      |                  |                                      |        |           | ·              |  |
|-------------------|------------------|--------------------------------------|--------|-----------|----------------|--|
| Name (Print/Type) | Vincent E. Duffy | Registration No.<br>(Attorney/Agent) | 39,964 | Telephone | (818) 260-3727 |  |
| Signature         | Viren            | The                                  |        |           | Date: 11/06/08 |  |

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